OSSEO AREA HOSPITAL/NURSING HOME, INC.

P. O. BOX 70

0SSE0 54758 Ownershi p: Non-Profit Corporation Phone: (715) 597-3121 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): **50** No Total Licensed Bed Capacity (12/31/01): 57 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: Average Daily Census: 42 41 *********************** ****************************

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/01)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	40. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	40. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	0.0	More Than 4 Years	19. 0
Day Servi ces	No	Mental Illness (Org./Psy)	40. 5	65 - 74	7. 1		
Respite Care	No	Mental Illness (Other)	2.4	75 - 84	23.8		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	57. 1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	11. 9	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0. 0	ĺ	[Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	7. 1	İ	100.0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	9. 5	65 & 0ver	100. 0		
Transportati on	No	Cerebrovascul ar	7. 1			RNs	8. 1
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	12. 0
Other Services	No	Respi ratory	7. 1		Ì	Nursing Assistants,	
Provi de Day Programming for	ĺ	Other Medical Conditions	26. 2	Male	4.8	Aides, & Orderlies	46. 5
Mentally Ill	No			Female	95. 2		
Provide Day Programming for	ĺ		100. 0		j		
Developmentally Disabled	No			İ	100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	3. 3	136	0	0. 0	0	1	8. 3	115	0	0. 0	0	0	0. 0	0	2	4. 8
Skilled Care	0	0.0	0	26	86. 7	115	0	0.0	0	10	83. 3	115	0	0.0	0	0	0.0	0	36	85. 7
Intermediate				3	10.0	95	0	0.0	0	1	8. 3	115	0	0.0	0	0	0.0	0	4	9. 5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		30	100.0		0	0.0		12	100.0		0	0.0		0	0.0		42	100. 0

County: Trempeal eau OSSEO AREA HOSPITAL/NURSING HOME, INC.

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	, and Activities as of 12	/31/01
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	25 . 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	1. 9	Bathi ng	0. 0		71. 4	28. 6	42
Other Nursing Homes	73. 1	Dressi ng	7. 1		71. 4	21. 4	42
Acute Care Hospitals	0.0	Transferri ng	33. 3		50. 0	16. 7	42
Psych. HospMR/DD Facilities	0.0	Toilet Use	26. 2		45 . 2	28. 6	42
Reĥabilitation Hospitals	0.0	Eating	73. 8		11. 9	14. 3	42
Other Locations	0.0	*************	*******	******	******	*********	*****
Total Number of Admissions	52	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa		0. 0	Recei vi ng	Respiratory Care	9. 5
Private Home/No Home Health	21.6	Occ/Freq. Incontinent		54 . 8		Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontinent	t of Bowel	31. 0	Recei vi ng		0. 0
Other Nursing Homes	15. 7					Ostomy Care	0. 0
Acute Care Hospitals	19. 6	Mobility				Tube Feedi ng	2. 4
Psych. HospMR/DD Facilities	0. 0	Physically Restrained	i	2. 4	Recei vi ng	Mechanically Altered Diets	s 35. 7
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Reside	nt Characteristics	
Deaths	43. 1	With Pressure Sores		0. 0		ce Directives	100. 0
Total Number of Discharges		With Rashes		4.8	Medi cati ons		
(Including Deaths)	51				Recei vi ng	Psychoactive Drugs	47. 6

	Thi s	Other 1	Hospi tal -		Al l
	Facility	Based Fa	acilities	Fac	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	71. 2	88. 1	0. 81	84. 6	0.84
Current Residents from In-County	66. 7	83. 9	0. 79	77. 0	0.87
Admissions from In-County, Still Residing	23. 1	14. 8	1. 56	20. 8	1. 11
Admissions/Average Daily Census	126. 8	202. 6	0. 63	128. 9	0. 98
Discharges/Average Daily Census	124. 4	203. 2	0. 61	130. 0	0. 96
Discharges To Private Residence/Average Daily Census	26. 8	106. 2	0. 25	52. 8	0. 51
Residents Receiving Skilled Care	90. 5	92. 9	0. 97	85. 3	1.06
Residents Aged 65 and Older	100. 0	91. 2	1. 10	87. 5	1. 14
Title 19 (Medicaid) Funded Residents	71. 4	66. 3	1. 08	68. 7	1. 04
Private Pay Funded Residents	28. 6	22. 9	1. 25	22. 0	1. 30
Developmentally Disabled Residents	0. 0	1. 6	0.00	7. 6	0.00
Mentally III Residents	42. 9	31. 3	1. 37	33. 8	1. 27
General Medical Service Residents	26. 2	20. 4	1. 28	19. 4	1. 35
Impaired ADL (Mean)*	47. 6	49. 9	0. 95	49. 3	0. 97
Psychological Problems	47. 6	53. 6	0. 89	51. 9	0. 92
Nursing Care Required (Mean)*	6. 5	7. 9	0. 83	7. 3	0.89